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PTO/SB/17 (10-03)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> Effective 10/01/2003. Patent fees are subject to annual revision.		<b>Complete if Known</b>	
		Application Number	09/811,869
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 19, 2001
		First Named Inventor	John D. Affinito
		Examiner Name	Bret P. Chen
		Art Unit	1762
TOTAL AMOUNT OF PAYMENT		(\$)	110.00
		Attorney Docket No.	BAT 0018 /A/31089.83

<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number _____ Deposit Account Name _____ The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION</b> (continued)																																																																																																																																																													
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\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Patricia L. Prior	Registration No. (Attorney/Agent)	33,758
Signature	<i>Patricia L. Prior</i>	Telephone (937)	223-2050
		Date	04/14/2004

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**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit  
Account  
Number  
Deposit  
Account  
Name

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments  
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<b>SUBTOTAL (1)</b>			<b>(\$)</b> -0-

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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**FEE CALCULATION** (continued)**3. ADDITIONAL FEES****Large Entity Small Entity**

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\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) 110.00**SUBMITTED BY**

Name (Print/Type) Patricia L. Prior

Registration No.

33,758

(Complete if applicable)

Telephone (937) 223-2050

Signature

Patricia L. Prior

Date

04/14/2004

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